

FOR INSTRUCTIONS, SEE BACK OF FORM

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CHECK ONE:	P111 5-0	DR-1	OF
This is an initial* Statement of Organization	HAY -5 AM 9 Habet Form	(Rev. 01/2006)	ORGANIZATION
Line is an amended. Statement of Organization	A STATE OF THE STA	For Office Use C	
*An initial Statement of Organization must be filed within 10 days of the comaking expenditures, or incurring indebtedness exceeding \$750. Amend	mmittee's accepting contributions,	Comm. #	<u> 1798</u>
a change. Penalties may be imposed for late-filed Statements of Omania	ation A candidata with an area	Indexed	
COmmittee that exceeds \$/50 in activity for another office shall file within	10 days either a new or amended	Audited Computer	1 Lung
DR-1 disclosing information concerning the campaign for the new office s	ought. l		7000
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
HAGEMAN FOR STATE HOUSE IMPORTANT: Indicate type of committee you are reporting for: 4			
IMPORTANT: Indicate type of committee you are reporting for: 4			
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC			
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	atory except for a c	andidate's committee)
JAUL R. NIELSEN	Name This R Mullik	~	
Mailing Address ↓ ↓	Mailing Address to Ave		
<u>P. o. Box 2.18</u> City, State ↓ ↓ Zip Code ↓ ↓	City State Zin Code		
CEDAR FALLS, IA 50613	City State Zip Code 50	D1613	
Phone (319) 277-0820	Phone (319) 215 -0344		
e-Mail NIELSEN @ CFU. NET	e-Mail awar mullikn a	gmail - CON	\
e-Mail NIELSEN @ CFU. NET INDICATE PURPOSE OF COMMITTEE - Check One Box ☑ Ac	lvocate for/against candidate(s) 🔲 🗛	ivocate for ballot issu	ue(s)
Comment or description: All Candidates Enter:	∐ Ad	lvocate against ballo	ot issue(s)
Office Sought: House District 19	County/Local Candidates a		mmittees Enter:
Political Party (if applicable) REPUBLICAN	County: Black Howk	e elections, attach lis	st of counties
District:	,		
Year Standing for Election: 2008	Date of Election:		
Bank Account Name	Candidate name & Address or Pa	arent Entity (PACs.	if applicable).
Bank Account Name ↓ ↓		arent Entity (PACs, ffiliate, or Sponsor	if applicable),
Bank Account Name ↓ ↓		arent Entity (PACs, ffiliate, or Sponsor	if applicable),
HAGEMAN FOR STATE House Name of Financial Institution/type of Account ↓ ↓	Carlin Hageman Mailing Address		if applicable),
HAGEMAN FOR STATE House Name of Financial Institution/type of Account ↓ ↓	Carlin Hageman Mailing Address		if applicable),
Bank Account Name ↓ ↓	Carlin Hageman Mailing Address 2931 Abraham D City The state of	C State ↓ ↓	if applicable). Zip ↓ ↓
HAGEMAN FOR STATE House Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address	Carlin Hageman Mailing Address 2931 Abraham D City The state of	C State ↓ ↓	Zip ↓ ↓
HAGEMAN FOR STATE House Name of Financial Institution/type of Account ↓ ↓	Carlin Hageman Mailing Address 2931 Abraham D City Cedar Fulls		
Bank Account Name HAGEMAN FOR STATE House Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address GOZ MAIN STREET City State J Zip J	Cerlin Hageman Mailing Address 2931 Abraham D City Cellar Fulls Phone (317) 277 56	State ↓ ↓	Zip ↓ ↓ (@ (3
HAGEMAN FOR STATE House Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address GOZ MAIN STREET City	Carlin Hageman Mailing Address 2931 Abraham D City Cedar Fulls	State ↓ ↓	Zip ↓ ↓ (@ (3
HAGEMAN FOR STATE HOUSE Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address GOZ MAIN STREET City	Carlin Hageman Mailing Address 2931 Abraham D City Cedar Fulls Phone (317) 27756 e-Mail Chageman 5	State ↓ ↓	Zip ↓ ↓ (@ (3
Bank Account Name HAGEMAN FOR STATE House Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address Walling Address Mailing Address City	Carlin Hageman Mailing Address 2931 Abraham D City Cellar Fulls Phone (317) 177 56 e-Mail Chageman (3) ffirms the following:	State \$\int \frac{1}{50}\$	Zip ↓ ↓ (e (3
HAGEMAN FOR STATE HOUSE Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address GOZ MAIN STREET City	Carlin Hageman Mailing Address 2931 Abraham D City Cellar Fulls Phone (317) 177 56 e-Mail Chageman (3) ffirms the following:	State \$\int \frac{1}{50}\$	Zip ↓ ↓ (e (3
HAGEMAN FOR STATE HOUSE Name of Financial Institution/type of Account FIRST NATIONAL BANK/CHECKING Mailing Address Mailing Address City State J Zip J CEDAR FALLS, Jowa 50613 STATEMENT OF AFFIRMATION: By filling this document the committee and 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the Iowa Administrative Code.	Carlin Hageman Mailing Address 2931 Abraham D City Cellar Fulls Phone (317) 277 56 e-Mail Chageman (3) firms the following: at they are subject to the laws in lowa Cod	State	Zip ↓ ↓ (e (3)
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